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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

P94000062359 (2) DOCUMENT #

SUNSHINE STATE COMMUNICATION SERVICES, INC. Principal Place of Business Mailing Address 7915 SOUTHWEST 140 AVENUE 7915 SOUTHWEST 140 AVENUE MIAMI FL 33156 MIAMI FL 33156 3a. Date of Last Report 3. Date Incorporated or Qualified 08/24/1994 07/11/1995 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 65-0515232 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Zip. Co.intry  $Z_{\rm ID}$ Florida Statutes Yes □No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) DEWEY, ALAN D 82 32 SW 63RD CT 83 MIAMI FL 33144 Zip Code 84 85 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent agnotive regimed when romstating) Signature, typed or printed name of expitered agent and the if abuse slore ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. ☐ Change DELETE ☐ Addition 1 TITLE TITLE 1.2 NAME NAME DEWEY, STEVEN M 1.3 STREET ADDRESS STREET ADDRESS 7915 SOUTHWEST 140 AVENUE 1.4 C-TY - S1 - ZIP CITY-ST-Z-P MIAMI FL 33156 Change Addition TITLE DELETE 2 1 107LE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY ST-ZIP CITY - ST - 2IP ☐ Add tion ☐ Change DELETE 3 1 11116 TITLE 3.2 NAM: NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CiTY - ST ZIF CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TiTLE 4.2 NAME NAME 4.3 STREE! ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHTY - ST - ZIP Change Addition DELETE 5.1 TILLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 Crty - ST - ZiF CITY-ST-ZIP DELETE Addition 6 1 Talle TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1-7(P) CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

STORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (12/95)